



10-14-03

37384

PATENT  
Attorney Docket No. 101.0084-01000  
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Where Application of: )  
Gary K. Michelson )  
Serial No.: 09/921,844 )  
Filed: August 3, 2001 )  
For: SPINAL IMPLANT SURFACE )  
CONFIGURATION )

Confirmation No.: 8295

Group Art Unit: 3738

Examiner: B. Snow

RECEIVED  
OCT 23 2003  
TECHNOLOGY CENTER R3700

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**CERTIFICATE OF MAILING VIA U.S. EXPRESS MAIL**

Express Mail Mailing Label No. ET371606145US

Date of Deposit: October 8, 2003

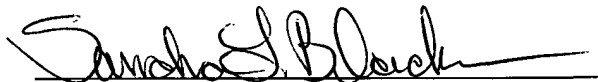
I hereby certify that:

1. Transmittal Form (in duplicate)
2. Amendment
3. 9 replacement sheets of formal drawings (A4 paper; Figs. 1-24B)
4. Check in the amount of \$950.00 (three-month extension fee)
5. Self-addressed return postcard receipt

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service with sufficient postage under 37 C.F.R. § 1.10 on the date indicated above and are addressed to:

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Date: October 8, 2003

  
Sandra L. Blackmon

1557 Lake O'Pines Street, NE  
Hartville, Ohio 44632  
Telephone: (330) 877-0700  
Facsimile: (330) 877-2030



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 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a reply to the Office Action dated April 23, 2003 in the above-identified application.

- ☐ No additional fee is required.
- ☒ Applicant hereby requests a three-month extension of time to respond to the above office action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	118	-	127**	0	LG=\$18 SM=\$9	\$18	\$ 0
INDEPENDENT CLAIMS FEE	3	-	3***	0	LG=\$86 SM=\$43	\$86	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140		\$ 0
TOTAL							\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ A check in the amount of \$950.00 to cover the three-month extension fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1066. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
 MARTIN & FERRARO, LLP

Date: October 8, 2003

By: 

Amedeo F. Ferraro  
 Registration No. 37,129

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